

RAJIV GANDHI UNIVERSITY OF SCIENCE AND TECHNOLOGY
OFFICE OF THE REGISTRAR

WITHDRAWAL FORM

This application form is to be used **ONLY** for permanent withdrawal from the university.

SECTION A (STUDENT PERSONAL DETAILS)

Full Name: _____

Programme of Study: _____ Candidate #: _____

Year of Study: Year 1 Year 2 Year 3 Year 4 Year 5

Email: _____ International/ Local Contact #: _____

Total Credit hours Completed: _____ Date of Entry: _____ Last Day of Attendance: _____

REASON FOR COMPLETE WITHDRAWAL

- | | | |
|---|---|--|
| <input type="checkbox"/> Content of Programme | <input type="checkbox"/> Financial Difficulties | <input type="checkbox"/> Academic Difficulties |
| <input type="checkbox"/> Travel Issues | <input type="checkbox"/> Language Difficulties | <input type="checkbox"/> Personal/Family |
| <input type="checkbox"/> Transferring to another University | <input type="checkbox"/> Health | <input type="checkbox"/> Change of Career |
| <input type="checkbox"/> Other, Please specific _____ | | |

If, you are transferring to another university, please complete the following:

Name of University: _____ Course: _____

Prior to completing this form, have you discussed your decision to withdraw your studies with your academic co-coordinator? (Please tick) Yes No

Are you aware of any financial implication of your decisions? (Please tick) Yes No

Printed Name: _____ Student's Signature: _____ Date: _____

SECTION B (AUTHORIZATION BY REGISTRAR OFFICE)

Approved Rejected

Remarks:

Registrar's Signature: _____ Date: _____

STUDENT IDENTIFICATION BADGE SHOULD BE RETURNED TO THE ADMISSIONS DIVISION AFTER APPROVAL HAS BEEN GRANTED.THE COMPLETE WITHDRAWAL PROCESS INVOLVES APPROVAL FROM ASSISTANT REGISTRAR (ADMISSIONS) ONLY.